

MAR 24 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

File No. 7547

Registered No. 22

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

/ yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Cauc

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Salomon Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1-15-1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

27

1

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

2-10-37

11. Total time (years) spent in this occupation

5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pertshire, Miss

13. NAME

Henry Sherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss

15. MAIDEN NAME

Adah Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss

17. INFORMANT (ADDRESS)

Robert Shaw, No. 1014 - No.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1937

Netherland

2-22

19. UNDERTAKER (ADDRESS)

Mrs J. J. Smith, No. 1014 - No.

20. FILED

2-22

1937

J. W. Rhodes

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-21

1937

22. I HEREBY CERTIFY, That I attended deceased from

2-18

1937, to

2-21

1937

I last saw him alive on

2-18, 1937

Death is said

to have occurred on the date stated above, at 4:49 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

2/15/37

Other contributory causes of importance:

Influenza about 2-10-37  
No Physician until 2-18-1937

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. W. Rhodes

Hayti No.

, M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

